Rademaker

05699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place): Pick
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) ~~Louis~~ (Middle) Louis (Last) Banks
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 16, 1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Alt. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Thomas Banks
14. MOTHER'S MAIDEN NAME: Jane Bounds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-2192
17. INFORMANT AND ADDRESS: Mrs. Merle Dunn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 days

561.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Strangulated Ing. Hernia — 1 week

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — unknown

19a. DATE OF OPERATION: 5-4-52
19b. MAJOR FINDINGS OF OPERATION: Strangulated Ileum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1952, to 5-11, 1952 that I last saw the deceased alive on 5-10, 1952, and that death occurred at 5:39A m., from the causes and on the date stated above.

SIGNATURE: J A Rademaker (Degree or title) MD — ADDRESS: Salisbury Md — DATE SIGNED: 5-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/13/52 — NAME OF CEMETERY OR CREMATORY: Siloam Cemetery — LOCATION (City, town, or county): Siloam (State): Md

DATE REC'D BY LOCAL REG.: 5-13-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

RECEIVED
MAY, 15 1952
BUREAU V. S.

M

65700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (No.) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (4)
STREET ADDRESS (If rural, give location) RFD 6, Box 168

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Earl (Last) Baseman
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WID
8. DATE OF BIRTH June 3 1893
9. AGE last birthday 58 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Baseman
14. MOTHER'S MAIDEN NAME McKenzie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm T. Baseman 1229 Union Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolia	45 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular dis.	10 years
	(c) Diabetes mellitus	7 years

422.1 (260)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Early latent syphilis; amput. of rt. leg (?)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 7:12 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. Malcolm M.D. Deer's Head State Hospital Salisbury Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/21/52 | NAME OF CEMETERY OR CREMATORY Moreland Park | LOCATION (City, town, or county) (State) Taylor Ave.
DATE REC'D BY LOCAL REG. 5/21/52 | REGISTRAR'S SIGNATURE GMT | 24. FUNERAL DIRECTOR Paul E. Schenowetz Jr. 3665-17 Chestnut Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Mattox

05701

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville Md.
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) Charles. (Middle) W. (Last) Blake
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor.
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Parsonsburg Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Blake
14. MOTHER'S MAIDEN NAME Eliza Parsons.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Cora Blake.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastric hemorrhage	6 hrs.
151x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952, to May 11, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 1247 A.m., from the causes and on the date stated above.

SIGNATURE Harry Mattox (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 5/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-14-52
NAME OF CEMETERY OR CREMATORY Glass Hill Cem
LOCATION (City, town, or county) Parsonsburg (State) Md.

DATE REC'D BY LOCAL REG. 5-14-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M West. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1952
BUREAU V. S.

05702

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. #1.

3. NAME OF DECEASED (Type or Print) (First) Lizzie (Middle) Belle (Last) Bounds 14 4

4. DATE OF DEATH (Month) May (Day) 9 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH July 18 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RD. Allen Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Malone
14. MOTHER'S MAIDEN NAME Betty White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Chester R. Bounds son RD #1. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arebral Hemorrhage

(c)

ANTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1952 to 5/9/, 1952, that I last saw the deceased alive on 5/9, 1952 and that death occurred at 3 10 p.m., from the causes and on the date stated above.

SIGNATURE Carrie L. Hearn (Degree or title) MD ADDRESS 203 W Church St Salisbury DATE SIGNED 5/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 11-52
NAME OF CEMETERY OR CREMATORY Siloam Cem.
LOCATION (City, town, or county) Siloam Md (State)

DATE REC'D BY LOCAL REG. 5-11-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY. 13 1952
BUREAU V. S.

S.B.7

05703

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
STREET ADDRESS (If rural, give location): Elizabeth

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Olive Brown
4. DATE OF DEATH (Month) (Day) (Year): May 12th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-12-1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Delmar
12. CITIZEN OF WHAT COUNTRY? Esa

13. FATHER'S NAME: Edward Hearn
14. MOTHER'S MAIDEN NAME: Josephine Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: John Brown - Delmar Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized peritonitis

540.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforated peptic ulcer — 21 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile anemia: arteriosclerosis: debility

19a. DATE OF OPERATION: 5-1-52
19b. MAJOR FINDINGS OF OPERATION: Large bleeding duodenal ulcer
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5-12, 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: William H. Fisher Jr. Salisbury Md. 5-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-15-52 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Delmar Del

DATE REC'D BY LOCAL REG.: 5-14-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR ADDRESS: W S Marvel Co - Delmar Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

RECEIVED
MAY 16 1952
BUREAU V. S.

1704

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jeannette		Camper	May	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Col.		5/4/52	yrs.	2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Jeannette Margaret Camper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Jeannette Margaret Camper Quantico Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Scleroma Neonatorum	2 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

779.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-4-, 1952, to 5-6-, 1952, that I last saw the deceased alive on 5-6-, 1952, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William C. Morgan	Salisbury, Md	5/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
V	5-7-52	Peninsula General Hospital	Salisbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-7-52	Mary W. Holloway	Peninsula General Hospital	Salisbury Md

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RECEIVED
MAY 9 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delmar Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. (Delmar Road)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) Asbury (Last) Carter

4. DATE OF DEATH (Month) May (Day) 2d (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 11th 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Wolcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Carter
14. MOTHER'S MAIDEN NAME Sarah Dolman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Leon Carter (daughter in law) 558 Jackson St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	sudden
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. F. Fisher M.D. Deputy Medical Examiner Salisbury Md 5/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 8-52
NAME OF CEMETERY OR CREMATORY Friendship Cem.
LOCATION (City, town, or county) (State) R.D. Princess Anne Md.

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY. 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 322

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 9 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delware St Ext Ind	STREET ADDRESS (If rural give location) Delware St Ext.

3. NAME OF DECEASED (Type or Print)	(First) Dallas	(Middle) Lyles	(Last) Crisp	4. DATE OF DEATH	(Month) 5 (Day) 19 (Year) 1952
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10-17-1917	9. AGE last birthday 34 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lynchburg Va	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Herman Lyles		14. MOTHER'S MAIDEN NAME Mary Morris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT James Crisp			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholic poisoning — 8 hours

971.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) 5 (Day) 17 (Year) 52 (Hour) 6p m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Drank two much alcohol

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE L A Kademaker (Degree or title) MD — ADDRESS 502 No Div Salisbury Md — DATE SIGNED 5-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-25-52	NAME OF CEMETERY OR CREMATORY Lynchburg Cem	LOCATION (City, town, or county) Lynchburg (State) Va
DATE REC'D BY LOCAL REG. 5-20-52	REGISTRAR'S SIGNATURE Mary W Holloway cmc	24. FUNERAL DIRECTOR Booker Pr Wash	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (Rural)
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1010 Briscoe Street

3. NAME OF DECEASED: (Type or Print) (First) Malinda (Middle) ? (Last) Crockett

4. DATE OF DEATH: (Month) (Day) (Year) May 25 1962

5. SEX: F.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 15 - 1860

9. AGE Last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Chester, S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Nancy Rainey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Chester Crockett - 1010 Briscoe st. Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cerebral arteriosclerosis & encephalomalacia	3 y
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Renal arteriosclerosis	4 y
	DUE TO (c) Hypertensive CVD & Aortic insufficiency	4 y

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Osteo-arthritis & flexion deform. of hips & knees. 6 y

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-26, 1952, to 5-25, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital Salisbury, Md. DATE SIGNED 5/26/62

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-30-52

NAME OF CEMETERY OR CREMATORY Mt Arbeen

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 5/27/62

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Booker M. Wast

ADDRESS Salisbury, Md.

VS. A 8-51

RECEIVED
NOV 29 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Cuddle
4. DATE OF DEATH: (Month) May (Day) 7th (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH
9. AGE last birthday: 49 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible]
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..../..../...., 19...., to ..../..../...., 19...., that I last saw the deceased alive on ..../..../...., 19.... and that death occurred at 7 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/8/52
NAME OF CEMETERY OR CREMATORY: University Memorial
LOCATION (City, town, or county) (State): Bata City Md

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE: Mary M. Holloway
24. FUNERAL DIRECTOR: Frances A Hemsley
ADDRESS: 7 B Bdwy

RECEIVED
MAY 12 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fulton (Middle) (Last) Dashiell

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1904

9. AGE last birthday: about 48 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: own Farm

11. BIRTHPLACE (State or foreign country): Fruitland, Wicomico Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Dashiell

14. MOTHER'S MAIDEN NAME: Drucilla — Dashiell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Cora Jones - 1020 Lake St. Salis. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage in Left

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thalamus, Central Intraventricular Subarachnoid Space

(c) Malignant Hypertension Mak.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1952, to May 1, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 9:05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Herbert Scruby MD ADDRESS Salisbury Md DATE SIGNED 6/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-4-52

NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

LOCATION (City, town, or county) Fruitland, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 5-3-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR: Mary A. Stewart - 402 E. Church St. Salis. Md. ADDRESS

STEWART FUNERAL HOME

RECEIVED
NOV 17 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Snow Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Ellen (Last) Dixon

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-18-1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive C.V. Disease

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma

241K (c) Intra - Cranial Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1952, to 5/18, 1952 that I last saw the deceased alive on 5/18, 1952, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

W. B. Smith M.D. 500 N. Division St. 5/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

5-19-52

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

5-19-52 Mary W. Hollinsworth

RECEIVED
MAY 22 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Downing

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-16-1872
9. AGE last birthday 80 yrs. If under 1 year (Months) (Days) If under 24 hrs. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pocomoke City
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Sula Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Nephritis c̄ Renal Failure	Month
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease c̄ Left Ventricular Hypertrophy	Unknown
	(c) Arterio-sclerosis	unk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Scrotal Hernia — 5 years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 6 15 P m., from the causes and on the date stated above.

SIGNATURE G. Herbert Sembly (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-20-52
NAME OF CEMETERY OR CREMATORY Fruitland Cem
LOCATION (City, town, or county) Fruitland Md. (State)

DATE REC'D BY LOCAL REG. 5-19-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M. Wech ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 322

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg
STREET ADDRESS (If rural, give location) RD #2

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Earl (Last) Fooks
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 28 1900
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: at (Canton Processing Plant)
11. BIRTHPLACE (State or foreign country): Delmar Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George James Fooks
14. MOTHER'S MAIDEN NAME: Jennie May Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Lillie E Fooks (wife) RD #2 Parsonsburg Md

18. MEDICAL CERTIFICATION — RD #2 Parsonsburg Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	unknown
42011 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) Arteriosclerosis coronary artery	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis, etiology unknown, atypical 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 19 52, to 5/16, 19 52, that I last saw the deceased alive on 5/10, 19 52, and that death occurred at 1:25 p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ernest M. Lemmon M.D. Delmar, Del. 5/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 18 52
NAME OF CEMETERY OR CREMATORY: Bethel Cem
LOCATION (City, town, or county) (State): Pittsville Md.
DATE REC'D BY LOCAL REG. 5-17-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Holloway & Co. ADDRESS: Salisbury Md.
Willis R. Holloway

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 20 1952
BUREAU V. S.

Item 7 Film 142 5/19/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

13

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (rural) | LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Mardela.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Finch

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1952

5. SEX male | 6. COLOR OR RACE negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH July 4, 1901 | 9. AGE last birthday 50 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (State or foreign country) Enterprise, Alabama | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT AND ADDRESS Louise Finch, Mardela Springs, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture of Spleen, Hemorrhage in Stomach & Fractures of Ribs — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from Tractor falling on him.

(c) (died on operating table during laparotomy)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION May 8, 1952 | 19b. MAJOR FINDINGS OF OPERATION as above. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY farm | (CITY OR TOWN) Wicomico (COUNTY) (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) May 6, 1952 4 p.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Tractor fell on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Kendrick McCullough M.D. | Parsonsburg Md. | May 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 14, 1952 | NAME OF CEMETERY OR CREMATORY Memorial Park | LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 5-13-52 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR | ADDRESS J. J. Trampton and Son, Federalsburg, Maryland

VS

RECEIVED
MAY 15 1952

Gaunder. 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE Md. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Haven; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wicomico Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Haven; STREET ADDRESS (If rural, give location) White Haven Md.
3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) L. (Last) Hooks.	4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 1886	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Princess Anne Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown		14. MOTHER'S MAIDEN NAME: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 213-14-6237.	17. INFORMANT AND ADDRESS: Laura Tull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 days
31X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	e/
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypostatic Pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 April, 1952, to 5 May, 1952, that I last saw the deceased alive on 5 May, 1952, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert H. Saunders. M.D.	Pittsville Md.	5/7/52

23. BURIAL, CREMATION / ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
Burial	5-8-52.	Rockawalking	Rockawalking	Md.
DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR ADDRESS Booker McWest.		

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Fred Gillett
4. DATE OF DEATH (Month) (Day) (Year): May 10 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 16, 1921
9. AGE last birthday: 30 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: William Gillett
14. MOTHER'S MAIDEN NAME: Helen Holden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: William Gillett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pancreatitis — 12 days

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — Unknown

(c) D. Hepatic Dysfunction — Few days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration, Avitaminosis — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1952, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE: G Herbert Sembly (Degree or title) — ADDRESS: Salisbury Md — DATE SIGNED: 5/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-13-52 — NAME OF CEMETERY OR CREMATORY: House David — LOCATION (City, town, or county): Chance (State): Md

DATE REC'D BY LOCAL REG.: 5-12-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: William H James Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1952
BUREAU V. S.

Drnock

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parksley.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) (Last) Godwin.

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 13, 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fitzhugh Godwin
14. MOTHER'S MAIDEN NAME Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs W. A. Miles, Locust St., Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal disease

(c) Carcinoma stomach

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1952, to 5-13, 1952, that I last saw the deceased alive on 5-12, 1952, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE Philip A. Twiley (Degree or title) ADDRESS Salisbury Md DATE SIGNED 5-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13 1952
NAME OF CEMETERY OR CREMATORY Liberty Cemetery
LOCATION (City, town, or county) Parksley (State) Va.

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Robert Shrieves by J. Richard Johnson ADDRESS Parksley Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1952
BUREAU V. S.

Item 9 FilmG143 5/28/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Pittsville Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Not Known

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Griffin
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1952
5. SEX MALE
6. COLOR OR RACE A. H.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Not Known
8. DATE OF BIRTH —
9. AGE last birthday 42? yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) —
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of abdomen — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

1 IX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) near Pittsville (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 5 (Day) 17 (Year) 52 (Hour) 29 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot as trespasser

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE J. A. Rademaker (Degree or title) M.D. ADDRESS 502 No. Dw Salisbury Md DATE SIGNED 5-17-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 5-17-52
NAME OF CEMETERY OR CREMATORY Anatomical Board
LOCATION (City, town, or county) Balt. [illegible] (State) Md.

DATE REC'D BY LOCAL REG. 5-17-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR STEWART FUNERAL HOME Mary W. Stewart ADDRESS 402 E. Church St Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 20 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 17 days 15 3/4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R.D. # 2

3. NAME OF DECEASED (Type or Print): (First) Drusilla (Middle) A. (Last) Hall
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 1, 1867
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas S. Smack
14. MOTHER'S MAIDEN NAME: Ellen Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis cerebral ; encephalomalacia	10 y (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis general	10 y (?)
	(c) Rheumatoid or Arthritis ; high deg. of joint	8 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Decubitus ulcer on sacro-coccygeal area	1 y (?)

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-52, 19..., to 5-17, 19 52, that I last saw the deceased alive on 5-17, 19 52, and that death occurred at 3 45 a m., from the causes and on the date stated above. 5-19-52

SIGNATURE J. Waldron, (Degree or title) M.D. ADDRESS Deer's Head State Hospital, Salisbury, Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 5/21/52 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Salisbury (State): Md.

DATE REC'D BY LOCAL REG. 5-20-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Peter F. Healy — ADDRESS: Salisbury, Md.

RECEIVED
MAY 22 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits write RURAL OR and give nearest town) TOWN: Salisbury Rural
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury, Md
STREET ADDRESS (If rural, give location): 415 Dawn St.

3. NAME OF DECEASED: (First) Elizabeth (Middle) F (Last) HILL
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Single	4-16-1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	-	Girdletree, Md	USA

13. FATHER'S NAME: David Hill
14. MOTHER'S MAIDEN NAME: Mary E. Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis cerebral & encephalomalacia	3 (?)
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic cardio-vascular dis.	5 years (?)
DUE TO		
	(c) Arteriosclerosis gen.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip — 8 days

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 19 52, to 5-14, 19 52, that I last saw the deceased alive on 5-14, 19 52, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE, ADDRESS) M.D. Deer's Head St. Hospital Salisbury Md. — DATE SIGNED 5-14-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 17-52	Parsons Cem.	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-17-52	Mary W Holloway	Holloway & Walter Salisbury Md	

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

20

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)
4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 12/1883
9. AGE last birthday: 68/7/12 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bridletree, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb C. Watson
14. MOTHER'S MAIDEN NAME: Mary F. Wickham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: M. Watson, Daughter, Bridletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured aortic aneurysm — 5-10 minutes

022 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aortic aneurysm, abdominal — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 5-24, 1952, that I last saw the deceased alive on 5-24, 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE: Wilbur R. Ellis, Jr. MD (Degree or title) — ADDRESS: Salisbury, Md — DATE SIGNED: 5-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 27/52 — NAME OF CEMETERY OR CREMATORY: Baptist — LOCATION (City, town, or county): Bridletree, Md (State)

DATE REC'D BY LOCAL REG.: 5-26-52 — REGISTRAR'S SIGNATURE: Harry W. Hornsway — 24. FUNERAL DIRECTOR: Lucy E. Dennis, Smithville, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1952
BUREAU K 4

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332.

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND — LENGTH OF STAY 7 (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 723 Westover Hills

3. NAME OF DECEASED (Type or Print): (First) Robert — (Middle) — (Last) Wynn

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): not known

8. DATE OF BIRTH: not known

9. AGE last birthday: About 55 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY No. 263-03-7633

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Occlusion of Coronary Artery — hours

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Arteriosclerotic Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Kendrick McCullough M.D. Parsonsburg Md. May 22, 1952.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 2 1952. — NAME OF CEMETERY OR CREMATORY Houston Cemetery — LOCATION (City, town, or county) (State) Salisbury Maryland

DATE REC'D BY LOCAL REG. 5-27-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR ADDRESS STEWART FUNERAL HOME 402 E. Church St

Mary A. Stewart — Salisbury Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15A

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

- MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 109 High St

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Ellen (Last) Johnson

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Sept. 12-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Mason

14. MOTHER'S MAIDEN NAME: Mo. Parent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION 104 High St.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atypical pneumonia — Interval between onset and death: 2 weeks

4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1952, to 5/3, 1952 that I last saw the deceased alive on 5/3, 1952, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred R. Browne M.D. Salisbury Md 5/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-5-52 | NAME OF CEMETERY OR CREMATORY Newark Cem. | LOCATION (City, town, or county) Newark | (State) Md

DATE REC'D BY LOCAL REG. 5-5-52 | REGISTRAR'S SIGNATURE Mary W. McGlory

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
MAY 7 1952
BUREAU V. S.

23

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (In this place): 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 1410 Camden Ave.

3. NAME OF DECEASED (Type or Print): (First) Otho (Middle) Strandon (Last) Lloyd
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Apr. 24 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Broker
10b. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Lloyd
14. MOTHER'S MAIDEN NAME: Elizabeth Bloodsworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Mrs. O. S. Lloyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial [illegible]
4-00 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]
(c) Arterial Hypertension

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cerebral [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1947, to [illegible], 19[illegible] that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Feb. May 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/10/52 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury (State): Md.
DATE REC'D BY LOCAL REG.: 5-10-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAY 13 1952
BUREAU V. S.

Dr. Hanks

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #2 (Athol Md)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) RD. #2, (Athol Md)

3. NAME OF DECEASED: (Type or Print) (First) Weymouth (Middle) Hartford (Last) Lloyd
4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 27-1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: House Painting
11. BIRTHPLACE (State or foreign country): RD. #2. Mardela Md
12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME: Daniel Lloyd
14. MOTHER'S MAIDEN NAME: Mariah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Bessie Lloyd Wife

18. MEDICAL CERTIFICATION RD. #2 Mardela Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INITIAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic squamous cell carcinoma 6 mos
DUE TO

179 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) squamous cell carcinoma scrotum 11 mos
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/ 1951, to 5/10 1952, that I last saw the deceased alive on 5/10 1952, and that death occurred at 1.30 P.m., from the causes and on the date stated above.

SIGNATURE J. B. Hanks (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 12-52
NAME OF CEMETERY OR CREMATORY Mardela Cem.
LOCATION (City, town, or county) Mardela Md (State)

DATE REC'D BY LOCAL REG. 5-12-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

25

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	M.	Porter	May	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 26-1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk Treasurer J. T. Ry Express Co.		Somerset Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Porter	Sarah E. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Minnie V. Porter, Fruitland, Md.

18. MEDICAL CERTIFICATION 3-4 Hours before death I saw the deceased

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolus	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	unknown
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... to ....., that I last saw the deceased alive on ....., and that death occurred at 11:30 (Degree or title) a.m., from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
Wilbur E. Ellis Jr. MD	Salisbury, Md.	5-16-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 26-52	Parsons Cem.	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-17-52	Mrs. Gladys W. Holloway	Walter A. Holloway	Salisbury, Md.

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05726

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Matten

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1952

5. SEX male

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 22 - 1899

9. AGE last birthday 52/4/12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Timber Cutter

10b. KIND OF BUSINESS OR INDUSTRY Woods

11. BIRTHPLACE (State or foreign country) Norfolk Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Elisha Matten

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 70? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216 1032 54

17. INFORMANT AND ADDRESS Mildred Matten, Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Massive Perirectal abscess — Interval Between Onset and Death: weeks

5/5X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pneumonia — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4.23.52

19b. MAJOR FINDINGS OF OPERATION Massive Perirectal abscess

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1952, to 5-4-, 1952, that I last saw the deceased alive on 5.3, 1952, and that death occurred at 12:00 m., from the causes and on the date stated above.

SIGNATURE H. A. Briele (Degree or title) M.D. ADDRESS 504 N Division St DATE SIGNED 5.4.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 7/52 NAME OF CEMETERY OR CREMATORY Mt Wesley LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 5-7-52 REGISTRAR'S SIGNATURE Enaris W. Holloway 24. FUNERAL DIRECTOR [illegible] ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05727

Reg. Dist. No. 3-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury
LENGTH OF STAY (In this place) Non resident
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn, 30
STREET ADDRESS (If rural, give location) 621 E. 19th Street

3. NAME OF DECEASED (Type or Print): (First) Timothy (Middle) John (Last) McMahon

4. DATE OF DEATH: (Month) May (Day) 2d (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Mar 11, 1929

9. AGE last birthday: 23 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: Naval Officer

11. BIRTHPLACE (State or foreign country): Brooklyn N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Grace Haaren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Service Record

9-16-46 & 5-2-52

18. MEDICAL CERTIFICATION — U S Naval Base, Chincoteague, Va

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Cervical Vertebra — Sudden

X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Airplane Accident — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): May 2d 1952 10 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Airplane crash

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Chas. Fisher M.D. Deputy Medical Examiner Salisbury, Md. 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 5-2-52 | NAME OF CEMETERY OR CREMATORY: Naval Hospital | LOCATION (City, town, or county) (State): Portsmouth Va.

DATE REC'D BY LOCAL REG. 5-2-52 | REGISTRAR'S SIGNATURE: Vera M. Murray | 24. FUNERAL DIRECTOR — ADDRESS: R. L. Bell Chincoteague, Va.

H.M.3.

VS-215A

RECEIVED
MAY 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 205 W. Madison St.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) MILLS (Last) MEEKINS
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 15, 1872
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Dorchester, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Mills
14. MOTHER'S MAIDEN NAME: Lydia Mathilda Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. William Padgett, same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinoma colon	
	(c)	Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 51, to May 14, 19 52, that I last saw the deceased alive on May 13, 19 52, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Emily G. Insley M.D. | Salisbury, Md | 5-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 16 1952 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG. 5-15-52 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: The Hill & Johnson Co. | ADDRESS: Salisbury
Franklin B. Hill

VS. A15

RECEIVED
MAY 19 1952
BUREAU V. S.

Dr. Gray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 729

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Spring Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Ratliff (Last) Morris

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widower

8. DATE OF BIRTH: Oct. 16-1864

9. AGE last birthday: 87 yrs. | UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): R.D. Salisbury Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Morris

14. MOTHER'S MAIDEN NAME: Martha Jane Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No.

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mr. Lloyd J. Morris (son) 115 Virginia Ave. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage		
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 52, to May 31, 19 52, that I last saw the deceased alive on May 29, 19 52, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William D. Gray M.D. Salisbury 6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 2-52 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 6-2-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS

Holloway & Co. Salisbury Md.
Walter R. Holloway

RECEIVED
JUN 4 1952
BUREAU V. S.

30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. Rural LENGTH OF STAY (in this place) 6 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN County Home, Rockville, Md.

STREET ADDRESS (If rural, give location) Rt.#2

3. NAME OF DECEASED: (Type or Print) (First) Roger (Middle) Paul (Last) Murphy

4. DATE OF DEATH: (Month) May (Day) 8th, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-16-1872

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Murphy

14. MOTHER'S MAIDEN NAME: Charlotte Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Record of Deer's Head Hospital, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

610 X

DUE TO

Antecedent cause(s) (b) Pyelonephritis c uremia — 1 week.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Benign Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - hypertension

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1951, to 5-8, 1952, that I last saw the deceased alive on 5-8, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Robert J Gore (DEGREE OR TITLE) MD ADDRESS Deerhead Hosp. DATE SIGNED 5-8-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF May 10-52 NAME OF CEMETERY OR CREMATORY Urbana Cem. LOCATION (City, town, or county) Urbana (State) Md.

DATE REC'D BY LOCAL REG. 5-8-52 REGISTRAR'S SIGNATURE Mary W. Holloway **24. FUNERAL DIRECTOR** W. S. Burdette, Hyattstown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 12 1952
BUREAU V. S.

Item 4 FilmG143 5/28/52 whw

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Parks. | 4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 5/21/52 | 9. AGE last birthday: yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours 2, Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Coursey Parks, Jr. | 14. MOTHER'S MAIDEN NAME: Elizabeth Ann Esterline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Father.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fetal anoxia.

76. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta (c) Premature labor.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-52, 19....., to 5-21-52, 19....., that I last saw the deceased alive on 5-21-52, 19....., and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Stedman W. Smith MD. CM. | 502 N Division St Salisbury Md | 5 21-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5, 22 52 | NAME OF CEMETERY OR CREMATORY Pinemark Funeral Home | LOCATION (City, town, or county) (State) Salisbury, md.

DATE REC'D BY LOCAL REG. 5-22-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR none | ADDRESS

205217302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 17 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 108 Second Street

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Parsons

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1952

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 15, 1873

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaping & Gardening

10b. KIND OF BUSINESS OR INDUSTRY Own Business

11. BIRTHPLACE (State or foreign country) Rockawalkin Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Irvin Parsons

14. MOTHER'S MAIDEN NAME Sarah T Birchhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No. not known

17. INFORMANT AND ADDRESS Patient's Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	1 day
4412X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	2
X	(c) Arteriosclerotic C-V-D	2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-51, 19....., to 5-4-52, 19....., that I last saw the deceased alive on 5-4-52, 19....., and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Deershead DATE SIGNED 5-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5-8-52

NAME OF CEMETERY OR CREMATORY Green Acres Cemetery

LOCATION (City, town, or county) Salisbury, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 5-7-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 402 E. Church St. Salis. Md.

STEWART FUNERAL HOME

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

33

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 304 Delaware Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 304 Delaware Street

3. NAME OF DECEASED (Type or Print): (First) Lucinda (Middle) Ebbie (Last) Peters

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-9-1881

9. AGE last birthday: 71 yrs. If under 1 year: Months 3 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): White Haven, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Nancy Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Charles Peters, 304 Del. St. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

352X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Atherosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs. Symptom 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Essential

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1948 to May 15, 1952 that I last saw the deceased alive on May 14, 1952 and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: David Fillmore (Degree or title) M.D. ADDRESS: Salisbury Md. DATE SIGNED: May 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-18-'52 — NAME OF CEMETERY OR CREMATORY: White Haven Cemetery — LOCATION (City, town, or county) (State): White Haven, Wicomico Co Md.

DATE REC'D BY LOCAL REG.: 5-16-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Mary A. Stewart 402 E. Church St. Salis. Md.

STEWART FUNERAL HOME

RECEIVED
MAY 19 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural, give location) 516 Isabelle St

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Isabelle (Last) Pinkett

4. DATE OF DEATH (Month) 5 (Day) 29th (Year) 1952

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 21 1926
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Food processing
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Murry
14. MOTHER'S MAIDEN NAME Laura Murry U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN
16. SOCIAL SECURITY NO. NOT KNOWN
17. INFORMANT Laura Jane Farare

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Organic Cardiac Mitral lesion	NOT KNOWN
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1952, to May 29, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur D. Brown - M.D. ADDRESS Salisbury - Md DATE SIGNED 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 1, 1952
NAME OF CEMETERY OR CREMATORY Vienna Colored Cemetery
LOCATION (City, town, or county) (State) Vienna, Maryland

DATE REC'D BY LOCAL REG. 6-2-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR J. J. Trampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AT T

RECEIVED
JUN 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Frank. (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19 [illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
[illegible]	[illegible]	[illegible]	April 20 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired fruit Worker
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Denton, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Porter
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-02-1929
17. INFORMANT AND ADDRESS: Mrs Fletcher Porter Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Intracerebral Hemorrhage	Unknown
Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral arteriosclerosis	unknown
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

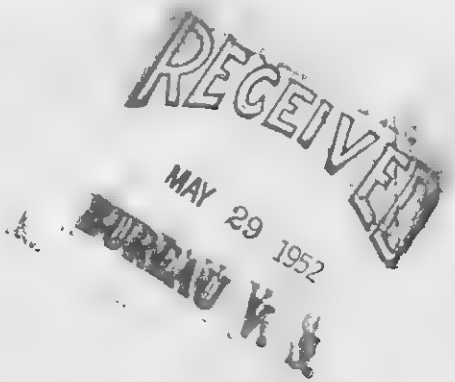
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to 5-23, 19 52, that I last saw the deceased alive on 5-23, 19 52, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William R. Ellis Jr. MD — ADDRESS: Salisbury, Md. — DATE SIGNED: 5-24-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/27/52	Evergreen	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-27-52	Mary W. Holloway	Truman D. Bunting	Berlin Md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MAY 29 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

36

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Center street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Newcastle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcastle
STREET ADDRESS 6th st. (If rural, give location) 408 Holloway Terrace

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Ellen (Last) Powell

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Aug. 29-1885

9. AGE Last birthday: 66 yrs. | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Own home

11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Giffin

14. MOTHER'S MAIDEN NAME: Sally Dykes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edith O. Perdue daughter Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 mon

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-52, 19..., to death, 19..., that I last saw the deceased alive on 5-19-52, 19..., and that death occurred at 1125P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Lee L Lawyer M.D. ADDRESS Fruitland DATE SIGNED 5 20 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 22-52 — NAME OF CEMETERY OR CREMATORY Perdue Cem. — LOCATION (City, town, or county) Powellville (State) Md.

DATE REC'D BY LOCAL REG. 5-21-52 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS Holloway & Salisbury Md
Walter R Holloway

RECEIVED
MAY 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 737

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Alonza (Last) Rice
4. DATE OF DEATH: (Month) May (Day) 16th (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: June 17th 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: Unknow
11. BIRTHPLACE (State or foreign country): Clarksburg Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Race
14. MOTHER'S MAIDEN NAME: Margaret Myles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknow
16. SOCIAL SECURITY NO.: Unknow
17. INFORMANT & ADDRESS: Deer's Head State Hosp. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	3 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis gen. cerebral arteries	7 years
153X	DUE TO (c)	Hypertensive cardio-vasc. disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of sigmoid c̄ colostomy 3 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
19c. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25th 1952, to May 11th, 1952, that I last saw the deceased alive on 5/11/52, 1952, and that death occurred at 7 45 P.M., from the causes and on the date stated above.
SIGNATURE L. V. Malcher, (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital, Salisbury Md DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/14/52 NAME OF CEMETERY OR CREMATORY Beallsville Cemetery LOCATION (City, town, or county) Beallsville (State) Maryland
DATE REC'D BY LOCAL REG. 5-12-52 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS Salisbury George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Walnut	STREET ADDRESS (If rural, give location) 401 Walnut

3. NAME OF DECEASED (Type or Print)	(First) Susie	(Middle) May	(Last) Robbins	4. DATE OF DEATH	(Month) 5 (Day) 17 (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-25-1894	9. AGE last birthday 57 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Sussex County, Del.	12. CITIZEN OF WHAT COUNTRY? A		
13. FATHER'S NAME Thomas Dunn	14. MOTHER'S MAIDEN NAME Elizabeth Kenney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----	16. SOCIAL SECURITY No. 221-01-3159	17. INFORMANT AND ADDRESS Edward Allen Robbins, Delmar, Del			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Colon with metastases — 1 year

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan '52	19b. MAJOR FINDINGS OF OPERATION Ca of transverse colon c̄ liver + peritoneal metastases	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1951, to 5/16, 1952, that I last saw the deceased alive on 5/14, 1952 and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest M. Larmore	M.D.	Delmar, Del	5/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-20-52	NAME OF CEMETERY OR CREMATORY Mt Olive Methodist	LOCATION (City, town, or county) (State) Delmar, Delaware
DATE REC'D BY LOCAL REG. May 20 1952	REGISTRAR'S SIGNATURE Harry E. Hudson Sr.	24. FUNERAL DIRECTOR W. S. [illegible]	ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

5-21-52

COPY

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MAY 22
BUREAU V. S.

739

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 532

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY McComick — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury — LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 1/2 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY McComick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 606 1/2 Park Ave. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Allen (Last) Roberts

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov. 20-1875

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchmaker

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Roberts

14. MOTHER'S MAIDEN NAME: Mary E. Beaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes (Spanish American War)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Estelle M. Roberts (wife) 606 1/2 Park Ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic myocarditis (arteriosclerotic)	
	(c) DUE TO	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-, 1952, to 5-15-, 1952, that I last saw the deceased alive on 5-14-, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hugh A. Tilghman M.D. Salisbury Md. 5-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF May 19-52

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5-19-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md.

Walter R. Holloway

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankford Del.; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Ollie; (Middle); (Last) Rogers

4. DATE OF DEATH: (Month) June; (Day) 26; (Year) 19 52

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11/10/1883

9. AGE last birthday: 69 yrs. If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Wicomico Poultry Co.

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rogers

14. MOTHER'S MAIDEN NAME: Lettie Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-14-0097

17. INFORMANT AND ADDRESS: Mrs George Mumford Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CA Stomach

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 19 52, to June 26, 19 52, that I last saw the deceased alive on June 26, 19 52, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/29/52

NAME OF CEMETERY OR CREMATORY: Carey's Cemetery

LOCATION (City, town, or county) (State): Frankford Delaware

DATE REC'D BY LOCAL REG. 6-5-52

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Henry H. Watson

ADDRESS: Pocomoke Md.

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 3 Mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Con. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cynwyd
STREET ADDRESS (If rural, give location) 34 Conshohocken St. Rd.

3. NAME OF DECEASED (Type or Print) (First) LOLA (Middle) HOUSTON (Last) SHEW
4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 23, 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS S. Houston Todd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to May 13, 1952, that I last saw the deceased alive on May 12, 1952, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE Philip A. Lusby (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED May 13 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/16/52
NAME OF CEMETERY OR CREMATORY West Laurel Hill Cem.
LOCATION (City, town, or county) Philadelphia, Pa. (State)

DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Rueal I ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Esthel (Last) Simpkins

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): arried
8. DATE OF BIRTH: Nov. 25, 1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fredrick Treahearn
14. MOTHER'S MAIDEN NAME: Priscilla Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mr Clifton Simpkins Princess Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

DUE TO

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Atherosclerosis — Symptoms 2 yrs

DUE TO

(c) ~~Myocardial Insufficiency~~ Arteriosclerotic Heart Disease 5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/, 1952, to 5/29/, 1952, that I last saw the deceased alive on 5/29/, 1952, and that death occurred at 11:20a m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED May 31 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 1, 1952
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Mt. Vernon, Md (State)

DATE REC'D BY LOCAL REG. 5-31-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-445 8-51

RECEIVED
JUN 4 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Delaware Street Extd.

3. NAME OF DECEASED (Type or Print): (First) (Middle) Sims (Last)

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 30-1952

9. AGE last birthday: ✓ yrs. If under 1 year: Months Days; If under 24 hrs.: Hours 6 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Beatrice Madora Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c) Subarachnoid Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 1952, to 5/30/, 1952, that I last saw the deceased alive on 5/30/, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE: William C. Morgan (Degree or title) ADDRESS: Salisbury, Md DATE SIGNED: 6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 6/2/52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 6-2-52 — REGISTRAR'S SIGNATURE: Mary W. Twining

24. FUNERAL DIRECTOR — ADDRESS: Peninsula General Hospital Salisbury, Md.

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JUN 4 1952
BUREAU

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Dr Blopom

14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Sturgis

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Apr. 25, 1892

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Waterman

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Westley Sturgis

14. MOTHER'S MAIDEN NAME Hester Beckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-14-1561

17. INFORMANT AND ADDRESS Mary Sturgis 515 Young St. Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomular Nephritis	2 Yrs app.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1952, to May 25, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 4:15 A.m., from the causes and on the date stated above. May 25, 1952

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Blopom III MD 802 N. Division St Salisbury Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5-28-52

NAME OF CEMETERY OR CREMATORY Hall Hill Cem

LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. 5-26-52

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Edgar Wharton — New Church, Va. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

RECEIVED
MAY 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) THOMAS (Last) Tarr
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 21 1952
9. AGE last birthday yrs. If under 1 year Months Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chincoteague Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Marvin A. Tarr
14. MOTHER'S MAIDEN NAME Mary Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Marvin A. Tarr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tetanus Neonatorum	8 days
01X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1952 to 5/11, 1952 that I last saw the deceased alive on 5/11, 1952 and that death occurred at 10 45 A.m., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 5/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13 1952
NAME OF CEMETERY OR CREMATORY Red mens
LOCATION (City, town, or county) Chincoteague (State) Va
DATE REC'D BY LOCAL REG. 5-13-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Walter M. Clark ADDRESS Chincoteague Va

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (In this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 310 E. Dilliam St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 310 E. Dilliam St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) TILGHMAN
4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 10 1888
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: C.P. Tilg.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Tilghman
14. MOTHER'S MAIDEN NAME: Katherine Trulo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Leonard Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) F. fibromoid Carcinoma - Face

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3Y - Aff

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/51 2/52
19b. MAJOR FINDINGS OF OPERATION: Alone
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1952, to 5/12, 1952, that I last saw the deceased alive on 5/11, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Bloxom III M.D. ADDRESS: 802 N. Division St., Salisbury, Md. DATE SIGNED: 5-12-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/14/52
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 5-13-52
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: T.H. Gillis Johnson & Co. ADDRESS: Lloyd C. Gillis II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 15 195
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15

1. PLACE OF DEATH COUNTY Wicomico — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg — LENGTH OF STAY (in this place) 52 Yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS Parsonsburg	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Wicomico CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SALLIE	MARY	TILGHMAN	5	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	April 9, 1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Brittingham	Rhoda Ann Rounds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — No	None	Mr Laurence E. Tilghman, Parsonsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease	2 yrs.
	(c) Failing compensation (pulmonary oedema)	2 mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

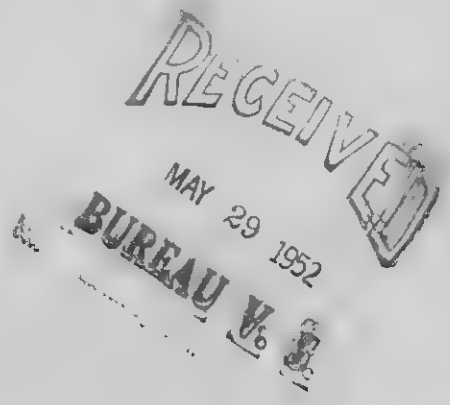
22. I hereby certify that I attended the deceased from May 23, 1952 to May 24, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 1 25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thos R Mann Jr. M.D.	Salisbury Md	5/26/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/52	Pittsville Cemetery	Pittsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-27-52	Mary W. Holloway	The Hill & Johnson Co, Salisbury, Md.	

Harold C. Hill, Jr


RECEIVED
MAY 29 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS 309 N. Blvd (If rural, give location)

3. NAME OF DECEASED (First) Annabelle (Middle) Belle (Last) Townsend

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1952

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH Feb. 22-1872 — 9. AGE last birthday 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work — 10b. KIND OF BUSINESS OR INDUSTRY Home — 11. BIRTHPLACE (State or foreign country) Mechanicstown Pa — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Moses B. Robison — 14. MOTHER'S MAIDEN NAME Catherine Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Mrs. Helen Norman (Brand daughter) 309 N. Blvd. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 10 Min's

5705 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal Obstruction — 2½ Months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/28/1952 — 19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction - Ileum — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1952, to 5/5/, 1952, that I last saw the deceased alive on 5/5, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Bloxom III — ADDRESS 802 N. Division, Salisbury, Md. — DATE SIGNED 5-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 8-52 — NAME OF CEMETERY OR CREMATORY Evergreen Cem. — LOCATION (City, town, or county) New Castle — (State) Pa

DATE REC'D BY LOCAL REG. 5-6-52 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Holloway & Schilling — ADDRESS Md.

Walter K. Holloway

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MAY 8 19[illegible]
BUREAU V. S.

Items 5, 9 Film G143 6/11/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptow
STREET ADDRESS (If rural, give location) State St

3. NAME OF DECEASED (Type or Print) (First) Lobie (Middle) W. (Last) Twiford

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 8, 1871
9. AGE last birthday 82 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alfred Twiford
14. MOTHER'S MAIDEN NAME Charlotte Wheaterly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Maggie Twiford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Mesenteric Thrombosis	unknown
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized arteriosclerosis	unknown
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1952, to May 25 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 3:20 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 5-27-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/28/52
NAME OF CEMETERY OR CREMATORY Firemans
LOCATION (City, town, or county) Sharptown (State) MD

DATE REC'D BY LOCAL REG. 5-28-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Paul J. Smith, Sharptown, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) C. (Last) Waters

4. DATE OF DEATH: (Month) May (Day) I (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 7, 1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Waters
14. MOTHER'S MAIDEN NAME: Sallie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs William Miller Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia
DUE TO
Antecedent cause(s) (b) Cardio-vascular renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

442X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1952, to 5-1, 1952 that I last saw the deceased alive on 5-1, 1952, and that death occurred at 7:9 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Salisbury Md. DATE SIGNED 5-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-3-1952
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) (State) Oriole Md.

DATE REC'D BY LOCAL REG. 5-2-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

RECEIVED
MAY 7 1952
BUREAU V. S.

05751

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 506 Camden Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 506 Camden Ave.

3. NAME OF DECEASED (Type or Print) (First): CHARLOTTE (Middle): POWELL (Last): WHITE
4. DATE OF DEATH (Month): 5 (Day): 31 (Year): 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: July 31, 1917
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Powell
14. MOTHER'S MAIDEN NAME: Marian EVANS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Thomas R. White, Jr. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1962

Immediate cause (a) Sarcoma of sacrum — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases — generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Aug 1950
19b. MAJOR FINDINGS OF OPERATION: Sarcoma of sacrum
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1950, to 5-31, 1952, that I last saw the deceased alive on 5/30, 1952 and that death occurred at 11 05 a.m., from the causes and on the date stated above.

SIGNATURE: L. A. Rademaker (Degree or title) MD — ADDRESS: Salisbury Md — DATE SIGNED: 6-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/2/1952 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: 6-3-52 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: SALISBURY, Md.

George C. Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN. 5 1952
BUREAU V. S.

Dr Carrie Hearn

05752

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 913 Riverside Drive

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jane (Last) White

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 28 - 1900
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY At own Home
11. BIRTHPLACE (State or foreign country) RD Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME De Witt Rounds
14. MOTHER'S MAIDEN NAME Laura Bridell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 200 (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. De Witt E. White (son) 913 Riverside Drive Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Haemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE Carrie L Hearn, MD (Degree or title) ADDRESS 203 W Church St Salis DATE SIGNED 5/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 16-52
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 5-16-52
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 1952
BUREAU V. S.